

STATE OF HAWAII  
Department of Accounting and General Services  
Division of Public Works

## MONTHLY ESTIMATE

FOR THE MONTH OF April 2015

Date: May 15, 2015

CONTRACTOR: Allied Pacific Builders, Inc.  
ADDRESS: 94-260 Pupuole Street  
City, State ZIP: Waipahu, HI 96797  
PROJECT TITLE: Hawaii State Hospital Reroof Buildings  
**CONTRACT**

Contract No. 63440

DAGS Job No. 12-20-2663

Basic Contract Amount \$ 2,532,311.00

### CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 2,532,311.00

#### FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

#### DUE MONTHLY:

☒ PROJECT SCHEDULE

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVIT

#### MONTHLY ESTIMATE CHECKLIST

☒ CONTRACT NUMBER

☒ PROJECT NAME AND LOCATION

☒ ALL SIGNATURES

☐ AS NEEDED - WASTE REDUCTION PROGRESS REPORT

#### SPECIALTY / MISC:

☐ AIR CONDITION ACCEPTANCE ☐ PAINT ACCEPTANCE

### WORK ACCOMPLISHED

#### Basic Contract

#### Change Order

#### Total

Completed to Date 20.29% \$ 513,842.00

\$ 513,842.00

Retained **REDUCED** ☐ \$ 25,692.00

\$ - \$ 25,692.00

Amount Subject to Payment \$ 488,150.00

\$ - \$ 488,150.00

Payments to Date \$ -

\$ - \$ -

Payments Now Due \$ 488,150.00

\$ - **\$ 488,150.00**

Payment No. ☐ 1

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add.

FOR OFFICE USE ONLY

☐ Project Acceptance Date

☐ Project Completion Date

1. Computed and Checked by:

[Signature] JUL 16 2015  
3. Recommended: Project Inspector or Engineer Date:

[Signature] JUL 16 2015  
4. Recommended: Area Engineer/Architect Date:

[Signature] JUL 16 2015  
5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

[Signature] JUL 16 2015  
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. ☒ As a preferred contractor, I have submitted all apprenticeship approval forms.

[Signature] Allied Pacific Builders, Inc.  
Name of Contractor  
[Signature] William Alcar/President  
By signature / Title: 5/26/15  
Date:

### BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

**Department of Accounting and General Services**

## Division of Public Works

For the Month of: April 2015

**CONTRACTOR:** Allied Pacific Builders, Inc.  
**PROJECT TITLE:** Hawaii State Hospital Reroof Buildings

**Contract No.: 63440**  
**DAGS Job No.: 12-20-2663**

CLOSED								
	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	<u>% CMPL</u>	<u>RETN %</u>	<u>CONTRACT AMOUNT RETAINED</u>
	Allied Pacific Builders, Inc.	General Contractor	BC-23848	\$1,913,153	\$513,842	26.86%	5%	\$25,892

				BASIC SUB-CONTRACT	COMPL.	%	RETN	SUB-
	SUBCONTRACTOR	TRADE	12431	AMOUNT	TO DATE	CMPPL	%	CONTRACT AMOUNT RETAINED
	Commercial Sheetmetal			\$449,458	\$0	0.00%	10%	\$0
	Envi. Control Specialist			\$50,000	\$0	0.00%	10%	\$0
	Mechanical Trends			\$11,000	\$0	0.00%	10%	\$0
	Federal Welding			\$16,000	\$0	0.00%	10%	\$0
	R&M Painting			\$92,700	\$0	0.00%	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
	Total Retained from Subs			\$619,158	\$0			\$0

	\$2,532,311	\$513,842
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<b>BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)</b>	<b>\$25,692</b>
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**I certify that the above retentions are correct for this request.**

Checked/Verified by:

Name of Contractor

Allied/Pacific Builders, Inc.

A. H.

Initial - Project Inspector or Engineer

**By Signature**

**William A. Alicar, President**

5/26/15

Date \_\_\_\_\_

**NOTE:**  
Columnar totals shall be equal in dollar value to that on  
the Monthly Estimate Sheet

**STATE OF HAWAII**  
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**  
**DIVISION OF PUBLIC WORKS**  
**Monthly Payment Slip**

**PAYMENT NO.:** 1

**PROJECT TITLE:** HAWAII STATE HOSPITAL - REROOF BUILDINGS

**BILLING MONTH:** April-15

**DAGS JOB NO.:** 1 2-20-2663

**CONTRACT NO.:** 63440

**CONTRACTOR:** ALLIED PACIFIC BUILDERS, INC.

**VENDOR CODE:** 28267800

<b>Original Contract Payment</b>		Suffix: 1, 2			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M		\$513,842.00	\$25,692.00	\$488,150.00
<b>Totals:</b>			\$513,842.00	\$25,692.00	\$488,150.00

  

<b>Change Order Payment</b>		Suffix: 3			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B11-406M		\$0.00	\$0.00	\$0.00
<b>Totals:</b>					

  

<b>Grand Total:</b>			\$513,842.00	\$25,692.00	\$488,150.00
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Verified By Y Xu 07/17/15  
DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 28267800

Cost Code 3A1

Voucher No.

SWV 7236

Verified By

JUL 24 2015